

## HICAP BUDGET SUMMARY

BUDGET PERIOD:	[ ] ORIGINAL [ ] AMENDMENT NO.:			CONTRACT NO.:		DATE:	PSA NO.:
COST CATEGORY	Col (a)	Col (b)	Col (c)	Col (d)	Col (e)	Col (f)	Col (g)
	STATE AND FEDERAL (SHIP) FUNDS ONLY				OTHER FUNDING		TOTAL
	AAA Admin	Direct Service	Contracted Service	TOTAL Columns (a,b,c)	Program Income	Other Funding	All Funds Columns (d,e,f)

### AAA ADMINISTRATION

Personnel							
Operating Expenses							
Indirect Admin							
<b>TOTAL ADMINISTRATION</b>							

### HICAP PROGRAM

HICAP Reimbursements							
HICAP Fund							
HICAP General SHIP Funds							
HICAP MMA Supplemental SHIP Funds							
<b>TOTAL HICAP PROGRAM</b>							
<b>TOTAL BUDGET</b>							

#### FOR STATE USE ONLY

Fiscal Specialist Approval	Date	Team Coach Verification	Date
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HICAP Legal Representation Services are provided [W&I Code, Section 9541 (c) (3)] [ ] Yes Amount Budgeted:\$ \_\_\_\_\_

## AAA ADMINISTRATION BUDGET NARRATIVE

BUDGET PERIOD:	[ ] ORIGINAL [ ] AMENDMENT NO.:	CONTRACT NO.:	DATE:	PSA NO.:
<b>PERSONNEL</b>		(a)	(b)	(c)
Position Classification:		Annual Wage Rate	% of Time Devoted	<b>TOTAL</b>
<b>TOTAL SALARIES &amp; WAGES</b>				
STAFF BENEFITS				
<b>TOTAL PERSONNEL</b>				
<b>OPERATING EXPENSES</b>			Rate per Square Ft.	
Annual Rent				
Equipment (List):	Quantity	Unit Price		
Travel:				
Other Operating Expenses (List):				
<b>TOTAL OPERATING EXPENSES</b>				
INDIRECT ADMIN				
<b>TOTAL ADMINISTRATION</b>				

## HICAP DIRECT SERVICES BUDGET NARRATIVE\*

BUDGET PERIOD:	[ ] ORIGINAL [ ] AMENDMENT NO.:	CONTRACT NO.:	DATE:	PSA NO.:
<b>PERSONNEL</b>		(a)	(b)	(c)
Position Classification:	Annual Wage Rate	% of Time Devoted	<b>TOTAL</b>	
<b>TOTAL SALARIES &amp; WAGES</b>				
<b>STAFF BENEFITS</b>				
<b>TOTAL PERSONNEL</b>				
<b>OPERATING EXPENSES</b>		Rate per Square Ft.		
Annual Rent:				
Equipment (List):	Quantity	Unit Price		
Travel:				
Other Operating Expenses (List):				
<b>TOTAL OPERATING EXPENSES</b>				
<b>INDIRECT COSTS</b>				
<b>TOTAL DIRECT SERVICES</b>				

\* - Budget Direct expenses from all funding sources, including MMA Supplemental funds.

## HICAP CONTRACTED SERVICES SCHEDULE\*

BUDGET PERIOD:	[ ] ORIGINAL [ ] AMENDMENT NO.:		CONTRACT NO.:			DATE:	PSA NO.:
Contractors	(a) HICAP Reimbursements	(b) HICAP Fund	(c) HICAP Federal General SHIP	(d) HICAP Federal MMA Supplemental	(e) Program Income	(f) Other Funding	(g) <b>TOTAL CONTRACTED SERVICES</b>
Name:							
Address:							
Telephone:							
Contact Person:							
Name:							
Address:							
Telephone:							
Contact Person:							
Name:							
Address:							
Telephone:							
Contact Person:							
Name:							
Address:							
Telephone:							
Contact Person:							
<b>TOTAL HICAP CONTRACTED SERVICES</b>							

\* - Budget Contracted expenses from all funding sources, including MMA Supplemental funds.

## HICAP CONTRACTED SERVICES SCHEDULE\*

BUDGET PERIOD:	[ ] ORIGINAL [ ] AMENDMENT NO.:		CONTRACT NO.:			DATE:	PSA NO.:
Contractors	(a) HICAP Reimbursements	(b) HICAP Fund	(c) HICAP Federal General SHIP	(d) HICAP Federal MMA Supplemental	(e) Program Income	(f) Other Funding	(g) <b>TOTAL CONTRACTED SERVICES</b>
Name:							
Address:							
Telephone:							
Contact Person:							
Name:							
Address:							
Telephone:							
Contact Person:							
Name:							
Address:							
Telephone:							
Contact Person:							
Name:							
Address:							
Telephone:							
Contact Person:							
<b>TOTAL HICAP CONTRACTED SERVICES</b>							

\* - Budget Contracted expenses from all funding sources, including MMA Supplemental funds.